

State of Hawaii
Department of Human Services
Benefits, Employment & Support Services Division
Employment & Child Care Program Office

Addendum 5

November 10, 2008

To

Request for Proposals

HMS 903-09-01-S
Temporary Assistance for Needy Families (TANF) Purpose One Through Four
Services
September 8, 2008

November 10, 2008

ADDENDUM NO. 5

To

REQUEST FOR PROPOSALS
Temporary Assistance for Needy Families (TANF) Purpose One Through Four
Services
HMS 903-09-01-S

The Department of Human Services, Benefit, Employment & Support Services Division, Employment & Child Care Program Office is issuing this addendum to HMS 903-09-01-S, Temporary Assistance for Needy Families (TANF) Purpose One Through Four Services for the purposes of:

- ☐ Responding to questions that arose at the orientation meeting of <Date> and written questions subsequently submitted in accordance with Section 1-V, of the RFP.
- ☒ Amending the RFP.
- ☐ Final Revised Proposals

The proposal submittal deadline:

- ☒ is amended to December 1, 2008
- ☐ is not amended.
- ☐ for Final Revised Proposals is <date>.

Attached is (are):

- ☐ A summary of the questions raised and responses for purposes of clarification of the RFP requirements.
- ☒ Amendments to the RFP.
- ☐ Details of the request for final revised proposals.

If you have any questions, contact:
U'ilani Hayes

(808) 586-7088
ghayes@dhs.hawaii.gov
Department of Human Services
Benefit, Employment & Support Services Division
Employment & Child Care Program Office
820 Mililani Street, Suite 606
Honolulu, HI 96813

HMS 903-09-01-S Temporary Assistance for Needy Families (TANF) Purpose One
Through Four Services is amended as follows:

Subsection Page

Section 1, Service Specifications

(I)	1-1	The submittal deadline for proposals is amended to December 1, 2008. There will be no option exercised for discussions with applicant after proposal submittal deadline or submittal of Final revised proposals. Below is the amended Revised Procurement Timetable.
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I. Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing Request for Proposals (RFP)	9/8/2008
Distribution of RFP	9/9/2008
RFP orientation session	9/16/2008
Closing date for submission of written questions for written responses	9/23/2008
State purchasing agency's response to applicants' written questions	9/30/2008
Discussions with applicant prior to proposal submittal deadline (optional)	N/A
Proposal submittal deadline	12/1/2008
Discussions with applicant after proposal submittal deadline (optional)	N/A
Final revised proposals (optional)	N/A
Proposal evaluation period	Weeks of 12/2/2008 - 12/12/2008
Provider selection	Week of 12/15/2008 - 12/17/2008
Notice of statement of findings and decision	12/17/2008
Contract start date	2/1/2009

Section 2, Service Specifications

- | | | |
|-------------|------|--|
| I (F) | 2-2 | Amended to read "Total funding for this procurement is \$3,084,430.00, effective February 1, 2009." |
| II (E) | 2-3 | Amended to read "Initial term of contract: February 1, 2009 to January 31, 2010" |
| III (A) | 2-4 | Solicitation of service for TANF Purpose 1 which reads "Collaborative transitional living programs offered through agencies accredited by the council on accreditation on services for families and children throughout the state to assist TANF eligible youth head of households with dependent children who are runaway, homeless and street youth, and youth at risk of homelessness in all counties to enable these youth to learn skills essential for successful independent living." is moved to TANF Purpose 3. |
| | | Solicitation of service for TANF Purpose 1 which reads "Program to expand computer literacy, training, life skills, and tutoring programs after school hours for disadvantaged youth and in the evenings for TANF eligible adults serving native Hawaiian, Pacific Island, and other ethnic groups living in Palolo Valley housing projects." Is moved to TANF Purpose 2. |
| III (E) (7) | 2-8 | Amended to read "Each service shall prepare and provide a monthly summary report based on their Milestone Achievement Form. Forms are specific to services provided. The Milestone Achievement Form shall detail, by participant and outcome objectives completed, the amount charged to the State for compensation. |
| IV (1) | 2-10 | Amended to read "Pricing shall be based on a Milestone Payment System (See Section 3.V., Financial. The applicant shall submit a cost proposal on the |

appropriate budget forms listed in Section 3.V. that are provided on the SPO website (See Section 1, Page 1-2, Website Reference) and other financial requirements as stated in Section 3.V. The cost proposal shall be in accordance with Chapter 103F, HRS, Cost Principles for Purchases of Health and Human Services in form, , SPO-H-201 provided on the SPO website.”

IV (2)

2-10

Amended to read:

(Refer to the table below)

TANF Purpose 1:

Program to assist at least 40 native Hawaiian TANF eligible families on the Leeward coast to succeed at homeownership by providing classes in home repair, financial literacy and essentials of homeownership, and by providing access to reusable homebuilding materials.

Contract Cost	\$282,579.00
Milestone #1	\$ 300.00 per activity (Max: \$1500)
Conduct outreach - A minimum of 5 activities per year.	
Milestone #2	\$ 475.50 per family (Max \$37,000)
Complete orientation and home assessment.	
Milestone #3	\$ 475.50 per family (Max \$37,000)
Qualify and enroll eligible families.	
Milestone #4	\$ 2,130.00 per family (Max \$85,039)
Complete individual project plan to include necessary workshops.	
Milestone #5	\$ 2,130.00 per family (Max \$85,040)
Attend and complete all workshops according to individual project plan.	
Milestone #6	\$ 1,000.00 per solicitation of donor
Solicit materials to assist families with home projects. (Max \$37,000)	

TANF Purpose 2:

1. Program to expand computer literacy, training, life skills, and tutoring programs after school hours for disadvantaged youth and in the evenings for TANF eligible adults serving native Hawaiian, Pacific Island, and other ethnic groups living in Palolo Valley housing projects.		
Contract Cost	\$253,055.00	
Milestone #1	\$ 1,000.00	per activity (Max \$12000) Conduct a minimum of one outreach activity per month
Milestone #2	\$ 100.00	per intake (Max \$27,600) Complete financial assessment per family
Milestone #3	\$ 75.00	per unduplicated child per month Complete 10 sessions per month of homework tutoring to improve grades.
Milestone #4	\$ 75.00	per unduplicated child per month Complete 10 sessions per month computer literacy training to become computer proficient
Milestone #5	\$ 100.00	per unduplicated child per month Complete reading, math, and writing program
Milestone #6	\$ 75.00	per unduplicated adult per month Complete one session per week of computer training (4 sessions per month) to assist in developing and/or improving work skills for employment.
Milestone #7	\$ 125.00	per unduplicated adult per month Complete job readiness training program with a finished resume for job search.
Unduplicated: unique participant/client serviced for the month		

2. Program to provide for training stipends, equipment, food supplies and tuition for TANF eligible adults enrolled in culinary training and food service preparation program training sites in Hilo and Captain Cook on the island of Hawaii.		
Contract Cost	\$132,000.00	
Milestone #1	\$ 2,200.00	Enrollment of student in culinary arts program.
Milestone #2	\$ 3,080.00	Complete all classes of the culinary arts program
Milestone #3	\$ 3,520.00	Complete hands on training after the culinary arts program.

3. Training program for 38 TANF eligible adults to gain employment and economic self-sufficiency by participating in bio-tech tissue culturing projects for bio-diesel, bio-mass, and other agricultural products in the Hilo and lower and upper Puna districts on the island of Hawaii..

Contract Cost **\$264,000.00**

Milestone #1	\$ 1,390.00	
Meet eligibility requirements and enrollment of student in bio-tech program.		
Milestone #2	\$ 1,737.50	
Complete of all bio-tech related training programs.		
Milestone #3	\$ 1,737.50	
Complete employment readiness workshop.		
Milestone #4	\$ 2,085.00	
Graduation from bio-tech program.		

4. Assist 300 TANF eligible families on Kauai to rise above the poverty line toward self-sufficiency with outreach and other tax preparation assistance to claim the earned income tax credit.

Contract Cost **\$ 74,800.00**

Milestone	\$ 250.00	per employed TANF eligible
Complete tax preparation and file tax forms for EITC.		

TANF Purpose 3 and 4

1. Program that offers one-to-one mentoring after school and on weekends by matching caring volunteers to children and youth, largely from single parent households in Honolulu, who are considered at risk and need positive adult role models.

Contract Cost **\$ 390,720.00**

Minimum Requirements Have 25 unduplicated students that participate a minimum of 5 hours of activity each month

Milestone #1	\$ 130.24	per child (Max \$39,072)
Complete assessment and intake of youth. (300 individuals)		
Milestone #2	\$ 130.24	per adult (Max \$39,072)
Complete assessment and intake of adult. (300 individuals)		
Milestone #3	\$ 260.48	per match (Max \$78,144)
Match child with appropriate adult for one-on-one mentoring services. (300 matches)		
Milestone #4	\$ 19,536.00	per month (Max \$234,432)
Conduct match monitoring report on a monthly basis.		

2. Program that offers positive youth development services in the County of Hawaii to 3rd and 4th graders especially under-achievers and their families with structured extracurricular civic learning activities in an after-school setting.

Contract Cost \$ **314,252.00**

<i>Milestone #1</i>	\$ 200.00	per student (Max \$40,000)
Enroll student and complete intake. (200 students)		
<i>Milestone #2</i>	\$ 371.38	per student (Max \$74,275.60)
Complete initial assessment (pre-test) for each enrolled student. (200 students)		
<i>Milestone #3</i>	\$ 52.38	per unduplicated child per month
Complete 20 hours per month of language and social skills curriculum. (100 students)		
<i>Milestone #4</i>	\$ 31.43	per unduplicated child per month
Complete 10 hours per month of multicultural awareness activities. (100 students)		
<i>Milestone #5</i>	\$ 20.95	per unduplicated child per month
Complete 10 hours per month of civic education. (100 students)		
<i>Milestone #6</i>	\$ 371.38	per student (Max \$74,275.60)
Complete final assessment (post-test) for each enrolled student. (200 students)		

3. Collaborative transitional living programs offered through agencies accredited by the council on accreditation on services for families and children throughout the state to assist TANF eligible youth head of households with dependent children who are runaway, homeless and street youth, and youth at risk of homelessness in all counties to enable these youth to learn skills essential for successful independent living.

Contract Cost \$ **444,430.00**

<i>Milestone #1</i>	\$ 1,000.00	per outreach activity (Max \$12,000)
Conduct outreach activities		
<i>Milestone #2</i>	\$ 487.56	per intake (Max \$82,886)
Complete intake and assessment of participant. (170 participants)		
<i>Milestone #3</i>	\$ 487.56	per intake (Max \$82,886)
Complete individualized service plan with a minimum of two service activities. (170 participants)		
<i>Milestone #4</i>	\$ 22,221.50	per month (Max \$266,658)
Participants must complete the monthly required hours of participation as designated by the service provider to be the minimum number of hours needed to complete the activity in at least two of the four activities listed: academic support, service learning/job preparation, family planning services, or life skills training.		

IV (3) 2-11 Amended to read:
"The Provider shall submit a monthly Summary Report and Milestone Achievement Form specifying the services provided and milestones achieved according to the Agreement.

Payments shall be made in monthly installments upon the monthly submission of the Summary Report and Milestone Achievement Form. The Milestone Achievement Form shall include the Provider's name shown in the Agreement, the Agreement number, and a detailed breakdown of milestones achieved for the monthly installment. All milestone costs shall not exceed total costs listed in the Agreement.

The Provider shall also provide quarterly copies of Subgrantee's Invoice and Expenditure Report (hereinafter SIER) in triplicate (an original and two copies). The SIER shall contain expenditures actually incurred for the performance of the services and a certification of compliance for the preceding quarter.

Final settlement shall include submission and acceptance of all reports and other materials to be submitted by the Provider to the State, resolution of all discrepancies in performance of service

Compensation shall be based upon the approved budget(s) for February 1, 2009 to January 31, 2010.

Section 3, Proposal Application Instructions

V (A.1)

3-3

1. Pricing Structure Based on Milestone Payment System

DHS will use a Milestone Payment System that will be based on milestones required in Section 2, IV. 2. Units of service and unit rate. The total amount requested based on the estimated number of clients to be served under that Milestone Payment System should match the total budget amount submitted in the required SPO-H budget forms.

Section 4, Proposal Evaluation

No Changes

Section 5, Attachments

List of Attachments

1. Summary Report Form (per service)
2. Milestone Achievement Form (per service)

A meeting will be held with interested parties regarding the current changes to the Request for Proposal as listed in this addendum.

Date: November 13, 2008 **Time:** 9:00 – 11:00am

Location: Benefit, Employment and Support Services Division
820 Mililani Street, Suite 606 Honolulu, HI 96813

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency.

Deadline for submission of written questions:

Date: November 13, 2008 **Time:** 4:30pm HST

State agency responses to applicant written questions will be provided by:

Date: November 18, 2008

Department of Human Services
Benefit, Employment and Support Services Division
HMS 903-09-01-S
TANF Purpose 1

Monthly Performance Measures and Reimbursement Report

Contract Cost **\$ 282,579.00**
Report Period **January 1 - January 31, 2009**

Program Description Program to assist at least 40 native Hawaiian TANF eligible families on the Leeward coast to succeed at homeownership by providing classes in home repair, financial literacy and essentials of homeownership, and by providing access to reusable homebuilding materials.

Milestone #1	\$ 300.00 per activity (Max: \$1500)
Milestone Description	Conduct outreach - A minimum of 5 activities per year.

Title of Outreach Activity	Date of Activity	Number attended
Name	Date	No. of people attending
Name	Date	No. of people attending
Name	Date	No. of people attending
Name	Date	No. of people attending
Number of activities for the month		4
Amount requested		\$ 1,200.00

Milestone #2	\$ 475.50 per family (Max \$37,000)
Milestone Description	Complete orientation and home assessment.

Client Name	Orientation Date	Assessment Date
Name	Date	Date
Name	Date	Date
Name	Date	Date
Name	Date	Date
Number of clients for the month		4
Amount requested		\$ 1,902.00

Milestone #3	\$ 475.50 per family (Max \$37,000)
Milestone Description	Qualify and enroll eligible families.

Client Name	Qualification Date	Enrollment Date
Name	Date	Date
Name	Date	Date
Name	Date	Date
Name	Date	Date
Number of clients for the month		4
Amount requested		\$ 1,902.00

Department of Human Services
Benefit, Employment and Support Services Division
HMS 903-09-01-S
TANF Purpose 1

Monthly Performance Measures and Reimbursement Report

Milestone #4	\$ 2,130.00 per family (Max \$85,039)
Milestone Description	Complete individual project plan to include necessary workshops.

Client Name	Plan Date	Workshops to Attend
Name	Date	Workshop Names
Name	Date	Workshop Names
Name	Date	Workshop Names
Name	Date	Workshop Names

Number of plans for the month

4

Amount requested

\$ 8,520.00

Milestone #5	\$ 2,130.00 per family (Max \$85,039)
Milestone Description	Attend and complete all workshops according to individual project plan.

Client Name	Completion Date
Name	Date
Name	Date
Name	Date
Name	Date

Number of clients for the month

4

Amount requested

\$ 8,520.00

Milestone #6	\$ 1,000.00 per solicitation of donor (Max \$37,000)
Milestone Description	Solicit materials to assist families with home projects.

Donor's Name	Date Contacted	Were goods donated?	If yes, what type of goods?
Name	Date	Yes/No	Types of goods
Name	Date	Yes/No	Types of goods
Name	Date	Yes/No	Types of goods
Name	Date	Yes/No	Types of goods

Number of solicitations for the month

4

Amount requested

\$ 4,000.00

TOTAL AMOUNT REQUESTED

\$ 26,044.00

Contract Total	\$282,579.00
YTD Paid	\$14,143.00
Remaining Fu	\$268,436.00

Department of Human Services
Benefit, Employment and Support Services Division
HMS 903-09-01-S
TANF Purpose 3 - Positive Youth Development
Monthly Performance Measures and Reimbursement Report

Contract Cost **\$ 253,055.00**
Report Period **January 1 - January 31, 2009**

Program Description Program to expand computer literacy, training, life skills, and tutoring programs after school hours for disadvantaged youth and in the evenings for TANF eligible adults serving native Hawaiian, Pacific Island, and other ethnic groups living in Palolo Valley housing projects.

Milestone #1	\$ 1,000.00 per activity (Max \$12,000)
Milestone Description	Conduct a minimum of one outreach activity per month

Title of Outreach Activity	Date of Activity	Number attended
Name	Date	No. of people attending
Name	Date	No. of people attending
Name	Date	No. of people attending
Name	Date	No. of people attending
Number of clients for the month		4
Amount requested		\$ 4,000.00

Milestone #2	\$ 100.00 per intake (Max \$27,600)
Milestone Description	Complete intake and financial assessment per family (276 families)

Client Name	Date of Intake	
Name	Date	
Name	Date	
Name	Date	
Name	Date	
Number of clients for the month		4
Amount requested		\$ 400.00

Milestone #3	\$ 75.00 per unduplicated child per month (Max \$45,000)
Milestone Description	Complete 10 sessions per month of homework tutoring to improve grades. (50 students per month)

Client Name	Monthly Start Date	Monthly End Date	Monthly Hours Completed	# of Sessions Completed
Name	Date	Date	# of hrs	# of sessions
Name	Date	Date	# of hrs	# of sessions
Name	Date	Date	# of hrs	# of sessions
Name	Date	Date	# of hrs	# of sessions
Number of clients for the month				4
Amount requested				\$ 300.00

Milestone #4	\$ 75.00 per unduplicated child per month (Max \$45,000)
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Department of Human Services
Benefit, Employment and Support Services Division
HMS 903-09-01-S

TANF Purpose 3 - Positive Youth Development
Monthly Performance Measures and Reimbursement Report

Milestone Description	Complete 10 sessions per month computer literacy training to become computer proficient (50 students per month)
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Client Name	Monthly Start Date	Monthly End Date	Monthly Hours Completed	# of Sessions Completed
Name	Date	Date	# of hrs	# of sessions
Name	Date	Date	# of hrs	# of sessions
Name	Date	Date	# of hrs	# of sessions
Name	Date	Date	# of hrs	# of sessions

Number of clients for the month

4

Amount requested

\$ 300.00

Milestone #5	\$ 100.00 per unduplicated child/adult per month (Max \$60,000)
Milestone Description	Complete reading, math, and writing program (50 attendees per month)

Client Name	Monthly Start Date	Monthly End Date	Monthly Hours Completed
Name	Date	Date	# of hrs
Name	Date	Date	# of hrs
Name	Date	Date	# of hrs
Name	Date	Date	# of hrs

Number of clients for the month

4

Amount requested

\$ 400.00

Milestone #6	\$ 75.00 per unduplicated adult per month (Max \$45,000)
Milestone Description	Complete one session per week of computer training (4 sessions per month) to assist in developing and/or improving work skills for employment. (50 adults per month)

Client Name	Session #1 Date	Session #2 Date	Session #3 Date	Session #4 Date
Name	Date	Date	Date	Date
Name	Date	Date	Date	Date
Name	Date	Date	Date	Date
Name	Date	Date	Date	Date

Number of clients for the month

4

Amount requested

\$ 300.00

Milestone #7	\$ 125.00 per unduplicated adult per month (\$18,500)
Milestone Description	Complete job readiness training program with a finished resume for job search. (148 adults total)

Client Name	Job Readiness Start Date	Job Readiness End Date	Resume?
Name	Date	Date	Yes/No
Name	Date	Date	Yes/No

Department of Human Services
Benefit, Employment and Support Services Division
HMS 903-09-01-S

TANF Purpose 3 - Positive Youth Development
Monthly Performance Measures and Reimbursement Report

Name	Date	Date	Yes/No
Name	Date	Date	Yes/No

Number of clients for the month 4

Amount requested \$ 500.00

TOTAL AMOUNT REQUESTED \$ 6,200.00

Sample

3/1/09 - 3/31/09

CERTIFICATION: I certify to the best of my knowledge and belief that this report is true in all respects and that all services have been performed for the purpose and conditions of

DATE _____

Contract Total	\$253,055.00
YTD Paid	\$5,075.00
Remaining Full	\$247,980.00

Department of Human Services
Benefit, Employment and Support Services Division
HMS 903-09-01-S
TANF Purpose 3 - Positive Youth Development
Monthly Performance Measures and Reimbursement Report

TOTAL AMOUNT REQUESTED

\$ 35,200.00

Sample

DHS-09-BESSD-XXXX
3/1/09 - 3/31/09

PROGRAM
[Service Type]

DHS-09-BESSD-XXXX
3/1/09 - 3/31/09

Contract Total	\$132,000.00
YTD Paid	\$19,260.00
Remaining Funds	\$112,740.00

PRINT NAME	TITLE	PHONE
Program Specialist		
SIGNATURE	DATE	Review Date

Department of Human Services
Benefit, Employment and Support Services Division
HMS 903-09-01-S
TANF Purpose 2

Monthly Performance Measures and Reimbursement Report

Contract Cost **\$ 264,000.00**
Report Period **January 1 - January 31, 2009**

Program Description Training program for 38 TANF eligible adults to gain employment and economic self-sufficiency by participating in bio-tech tissue culturing projects for bio-diesel, bio-mass, and other agricultural products in the Hilo and lower and upper Puna districts on the island of Hawaii.

Milestone #1	\$ 1,390.00 per student (Max \$52,820)
Milestone Description	Meet eligibility requirements and enrollment of student in bio-tech program.

Client Name	Date of Intake
Name	Date
Name	Date
Name	Date
Name	Date
Number of clients for the month	
Amount requested	
	4
	\$ 5,560.00

Milestone #2	\$ 1,737.50 per student (Max \$66,025)
Milestone Description	Complete of all bio-tech related training programs.

Client Name	Workshop Start Date	Workshop Completion Date
Name	Date	Date
Name	Date	Date
Name	Date	Date
Name	Date	Date
Number of clients for the month		4
Amount requested		\$ 6,950.00

Milestone #3	\$ 1,737.50 per student (Max \$66,025)
Milestone Description	Complete employment readiness workshop.

Client Name	Workshop Start Date	Workshop Completion Date
Name	Date	Date
Name	Date	Date
Name	Date	Date
Name	Date	Date
Number of clients for the month		4
Amount requested		\$ 6,950.00

Milestone #4	\$ 2,085.00 per student (Max \$79,130)
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Department of Human Services
Benefit, Employment and Support Services Division
HMS 903-09-01-S
TANF Purpose 2

Monthly Performance Measures and Reimbursement Report

Milestone Description	Graduation from bio-tech program.
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Client Name	Graduation Date
Name	Date
Name	Date
Name	Date
Name	Date

Number of clients for the month

4

Amount requested

\$ 8,340.00

TOTAL AMOUNT REQUESTED

\$ 27,800.00

RECIPIENT ORGANIZATION
[Agency Name]

CERTIFICATION: I certify to the best of my knowledge and belief that this report is true in all respects and that all services have been performed for the purpose and conditions of the grant agreement.

PRINT NAME _____

TITLE _____

PHONE _____

Program Specialist

SIGNATURE _____

DATE _____

Review Date _____

Department of Human Services
Benefit, Employment and Support Services Division
HMS 903-09-01-S
TANF Purpose 3 - Positive Youth Development
Monthly Performance Measures and Reimbursement Report

Contract Cost **\$ 390,720.00**
Report Period **January 1 - January 31, 2009**

Program Description Program that offers one-to-one mentoring after school and on weekends by matching caring volunteers to children and youth, largely from single parent households in Honolulu, who are considered at risk and need positive adult role models.

Milestone #1	\$ 130.24 per youth intake (Max \$39,072)
Milestone Description	Complete assessment and intake of youth. (300 individuals)

Client Name	Date of Intake
Name	Date
Name	Date
Name	Date
Name	Date

Number of clients for the month 4
Amount requested **\$ 520.96**

Milestone #2	\$ 130.24 per adult intake (Max \$39,072)
Milestone Description	Complete assessment and intake of adult. (300 individuals)

Client Name	Date of Intake
Name	Date
Name	Date
Name	Date
Name	Date

Number of clients for the month 4
Amount requested **\$ 520.96**

Milestone #3	\$ 260.48 per match (Max \$78,144)
Milestone Description	Match child with appropriate adult for one-on-one mentoring services. (300 matches)

Name of Youth	Name of Mentor	Date of Match
Name	Name	Date
Name	Name	Date
Name	Name	Date
Name	Name	Date

Number of clients for the month 4
Amount requested **\$ 1,041.92**

Milestone #4	\$ 19,536.00 per monthly report (Max \$234,432)
Milestone Description	Conduct match monitoring report on a monthly basis.

Department of Human Services
Benefit, Employment and Support Services Division
HMS 903-09-01-S
TANF Purpose 3 - Positive Youth Development
Monthly Performance Measures and Reimbursement Report

Reporting Period 1/1/2009 - 1/31/2009
Attached Report Yes/No

<i>Office Use Only</i>
<i>Report Verification Date</i> _____
<i>Program Specialist</i> _____

Amount requested \$ 19,538.00

TOTAL AMOUNT REQUESTED \$ 21,619.84

Contract Number	DHS-09-BESD-XXXX
Report Period	3/1/09 - 3/31/09

CERTIFICATION: I certify to the best of my knowledge and belief that this report is true in all respects and that all services have been performed for the purpose and conditions of the grant agreement.

PRINT NAME	TITLE	PHONE
SIGNATURE	DATE	Program Specialist
		Review Date

Contract Total	\$390,720.00
WTD Paid	\$59,389.44
Remaining Funds	\$331,330.56

Department of Human Services
Benefit, Employment and Support Services Division
HMS 903-09-01-S
TANF Purpose 3 - Positive Youth Development
Monthly Performance Measures and Reimbursement Report

Contract Cost **\$ 314,252.00**
Report Period **January 1 - January 31, 2009**

Program Description Program that offers positive youth development services in the County of Hawaii to 3rd and 4th graders especially under-achievers and their families with structured extracurricular civic learning activities in an after-school setting.

Milestone #1	\$ 200.00 per student (Max \$40,000)
Milestone Description	Enroll student and complete intake (200 students)

Client Name	Date of Intake	Name of School
Name	Date	School Name
Name	Date	School Name
Name	Date	School Name
Name	Date	School Name
Number of clients for the month		4
Amount requested		\$ 800.00

Milestone #2	\$ 371.38 per student (Max \$74,275.60)
Milestone Description	Complete initial assessment (pre-test) for each enrolled student. (200 students)

Client Name	Test Date	Test Score
Name	Date	Score
Name	Date	Score
Name	Date	Score
Name	Date	Score
Number of clients for the month		4
Amount requested		\$ 1,485.52

Milestone #3	\$ 52.38 per unduplicated child per month
Milestone Description	Complete 20 hours per month of language and social skills curriculum. (100 students/month)

Client Name	Dates of Attendance	Hours completed for the month
Name	Date	Hours
Name	Date	Hours
Name	Date	Hours
Name	Date	Hours
Number of clients for the month		4
Amount requested		\$ 209.52

Milestone #4	\$ 31.43 per unduplicated child per month
Milestone Description	Complete 10 hours per month of multicultural awareness activities. (100 students/month)

Department of Human Services
Benefit, Employment and Support Services Division
HMS 903-09-01-S
TANF Purpose 3 - Positive Youth Development
Monthly Performance Measures and Reimbursement Report

Client Name	Dates of Attendance	Hours completed for the month
Name	Date	Hours
Name	Date	Hours
Name	Date	Hours
Name	Date	Hours

Number of clients for the month

4

Amount requested

\$ 125.72

Milestone #5	\$ 20.95 per unduplicated child per month
Milestone Description	Complete 10 hours per month of civic education. (100 students/month)

Client Name	Dates of Attendance	Hours completed for the month
Name	Date	Hours
Name	Date	Hours
Name	Date	Hours
Name	Date	Hours

Number of clients for the month

4

Amount requested

\$ 83.80

Milestone #6	\$ 371.38 per student (Max \$74,275.60)
Milestone Description	Complete final assessment (post-test) for each enrolled student. (200 students)

Client Name	Test Date	Test Score
Name	Date	Score
Name	Date	Score
Name	Date	Score
Name	Date	Score

Number of clients for the month

4

Amount requested

\$ 1,485.52

TOTAL AMOUNT REQUESTED

\$ 4,190.08

RECIPIENT ORGANIZATION
[Agency Name]

Contract Number DHS-09-BESSD-XXXX Report Period 3/1/09 - 3/31/09

CERTIFICATION: I certify to the best of my knowledge and belief that this report is true in all respects and that all services have been performed for the purpose and conditions of the grant agreement.

PRINT NAME

SIGNATURE

TITLE

DATE

PHONE

Program Specialist

Review Date

Contract To	\$314,252.00
YTD Paid	\$2,531.27
Remaining	\$311,720.73

Department of Human Services
Benefit, Employment and Support Services Division
HMS 903-09-01-S

TANF Purpose 3 - Positive Youth Development
Monthly Performance Measures and Reimbursement Report

Contract Cost **\$ 444,430.00**

Report Period **January 1 - January 31, 2009**

Program Description Collaborative transitional living programs offered through agencies accredited by the council on accreditation on services for families and children throughout the state to assist TANF eligible youth head of households with dependent children who are runaway, homeless and street youth, and youth at risk of homelessness in all counties to enable these youth to learn skills essential for successful independent living.

Milestone #1	\$ 1,000.00 per outreach activity (Max \$12,000)
Milestone Description	Conduct outreach activities

Title of Outreach Activity	Date of Activity	Number attended
Name	Date	No. of people attending
Name	Date	No. of people attending
Name	Date	No. of people attending
Name	Date	No. of people attending
Number of clients for the month		4
Amount requested		\$ 4,000.00

Milestone #2	\$ 487.56 per intake (Max \$82,886)
Milestone Description	Complete intake and assessment of participant. (170 participants)

Client Name	Intake/Assessment Date
Name	Date
Name	Date
Name	Date
Name	Date

Number of clients for the month **4**
Amount requested **\$ 1,950.24**

Milestone #3	\$ 487.56 per plan (Max \$82,886)
Milestone Description	Complete individualized service plan with a minimum of two service activities. (170 participants)

Client Name	Plan Start Date	Plan Activities
Name	Date	List of activities with required hours of participation
Name	Date	List of activities with required hours of participation
Name	Date	List of activities with required hours of participation
Name	Date	List of activities with required hours of participation

Number of clients for the month **4**
Amount requested **\$ 1,950.24**

Milestone #4	\$ 22,221.50 per month (Max \$266,658)
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Department of Human Services
Benefit, Employment and Support Services Division
HMS 903-09-01-S

TANF Purpose 3 - Positive Youth Development
Monthly Performance Measures and Reimbursement Report

Milestone Description	Participants must complete the monthly required hours of participation as designated by the service provider to be the minimum number of hours needed to complete the activity in at least two of the four activities listed: academic support, service learning/job preparation, family planning services, or life skills training.
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Client Name	Service Activity	Hours Required	Hours Completed
Participant #1	Service Activity	# of hrs req.	# of hrs cmplt.
Participant #1	Service Activity	# of hrs req.	# of hrs cmplt.
Participant #2	Service Activity	# of hrs req.	# of hrs cmplt.
Participant #2	Service Activity	# of hrs req.	# of hrs cmplt.

Number of clients compliant for the month 2

Amount requested \$ 22,221.50

TOTAL AMOUNT REQUESTED \$ 30,121.98

8/1/09 - 8/31/09

Contract Number
Report Period

PROGRAM
[Service Type]

RECIPIENT ORGANIZATION
[Agency Name]

[illegible]

CERTIFICATION: I certify to the best of my knowledge and belief that this report is true in all respects and that all services have been performed for the purpose and conditions of the grant agreement.

Contract Total	\$444,430.00
YTD Paid	\$72,589.86
Remaining Funds	\$371,840.14

PRINT NAME _____

TITLE _____

PHONE _____

Program Specialist _____

SIGNATURE _____

DATE _____

Review Date _____